

# Latest Version: 6.0

## Question: 1

A diabetic client with the flu asks why he should drink juices, check his finger stick glucose every 4 hours, and take insulin when he is not eating and is vomiting. Which of the following would be the best explanation by the nurse?

- A. He needs to prevent dehydration, excessive breakdown of fats for glucose, and monitor for hyperglycemia.
- B. He needs to check his blood glucose because vomiting could cause hypoglycemia and drinking fluids will prevent dehydration.
- C. His body uses protein for energy when he is sick, causing increased ketones and hypoglycemia.
- D. If he could substitute water for the juices to prevent dehydration, then he would not need to check his blood glucose levels so often

**Answer: A**

**Explanation:** He needs to prevent dehydration, excessive breakdown of fats for glucose, and monitor for hyperglycemia. Starvation-induced ketosis can be prevented by drinking juices that equal the prescribed carbohydrate meal pattern. Fluids are needed to prevent dehydration and hyperosmolality, which could result from large fluid losses from persistent vomiting. The liver breaks down fat to form glucose for energy and ketones, leading to DKA. The other options do not address the key issue of dehydration and hyperglycemia.

## Question: 2

Mr. Diaz, a 56-year-old candle maker, developed diabetic ketoacidosis (DKA) and is given intravenous normal saline infusion and regular insulin. In addition to hourly blood glucose monitoring, what assessment data are early signs of clinical improvement?

- A. Respiratory rate of 12 to 15 and normal BP in the standing position
- B. Temperature and pulse in normal range
- C. Improved level of consciousness and decreasing urine output
- D. Client eats a full meal and respiratory rate is normal

**Answer: C**

**Explanation:** Level of consciousness responds quickly to early changes in pH and restoration of fluid and electrolyte balance. Urine output decreases as hyperglycemia is resolved. The respiratory buffer system takes a few hours to respond to change in pH. Dehydration is usually so severe that several hours of rehydration are needed to reduce pulse (Choice B) and resolve orthostatic BP (Choice A). Choice D is inappropriate because eating a full meal is not an early sign of improvement.

### Question: 3

Joshua Caine, age 48 years old, had a bilateral adrenalectomy for Cushing's syndrome. He is being sent home with a new prescription for hydrocortisone. The best statement indicating understanding of the drug and associated risk is:

- A. I am taking this drug to replace the hormones usually secreted by the adrenal medulla.
- B. I should take this pill every morning before breakfast.
- C. This pill may cause weight gain so I should exercise and eat less.
- D. I should call the doctor if I think I am starting a cold and I should not take aspirin.

**Answer: D**

**Explanation:** I should call the doctor if I think I am starting a cold and I should not take aspirin. Usually the cortex of the adrenal gland (not the medulla) increases secretion of cortisol to stimulate the immune system in response to an infection. Thus the replacement dose during the illness may need to be adjusted once a client's adrenal glands are removed. Hydrocortisone can irritate the gastric mucosa and so clients should take aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs).

### Question: 4

Following a hypophysectomy, the client complains of clear nasal drainage. What is the most appropriate initial action for the nurse?

- A. Notify the surgeon immediately
- B. Encourage the client to blow his nose to clear the sinuses
- C. Check the nasal drainage for glucose
- D. Place the client in Trendelenburg position

**Answer: C**

**Explanation:** Check the nasal drainage for glucose. A cerebral spinal leak is suspected and testing the fluid for the presence of glucose would confirm this. Most leaks heal spontaneously, but occasionally, surgical repair is needed. Packing the nose will not heal the leak at this site. The head of the bed should not be elevated to decrease pressure on the graft site and blowing the nose is contraindicated.

### Question: 5

Mrs. Thomas, newly admitted to your unit this morning, presents with lipodystrophy on both upper thighs. It would be most important to assess which of the following?

- A. Whether Mrs. Thomas aspirates before administering the insulin
- B. Whether Mrs. Thomas administers the insulin at a 45° angle
- C. Whether Mrs. Thomas cleanses the site with alcohol before each injection
- D. Whether Mrs. Thomas rotates injection sites using sites other than the thighs

**Answer: D**

**Explanation:** Whether Mrs. Thomas rotates injection sites using sites other than the thighs. When the same site is used for insulin injections over an extended period of time, lipodystrophy (hypertrophy or atrophy of the tissue) can occur. The other options describe appropriate insulin injection administration techniques.

### Question: 6

Which of the following tests is used to diagnose Cushing's syndrome?

- A. Fluid deprivation test
- B. Glucose tolerance test
- C. Low-dose dexamethasone suppression test
- D. Thallium stress test

**Answer: C**

**Explanation:** A low-dose dexamethasone suppression test is used to detect changes in plasma cortisol levels. A fluid deprivation test is used to diagnose diabetes insipidus. The glucose tolerance test is used to determine gestational diabetes in pregnant women. A Thallium stress test is used to monitor heart function under stress.

### Question: 7

Which of the following nursing considerations must be taken into account for a client with type 1 diabetes mellitus on the morning of surgery?

- A. The client should take half of his usual daily insulin.
- B. The client should receive an oral antidiabetic agent.
- C. The client should receive an I.V. insulin infusion.
- D. The client should take his full daily insulin dose with no dextrose infusion.

**Answer: A**

**Explanation:** Half the insulin dose will provide all that is needed. If the client takes his full daily dose of insulin when he isn't allowed anything orally before surgery, he'll become hypoglycemic. Clients with type 1 diabetes don't take oral antidiabetic agents. I.V. insulin infusions aren't standard for routine

surgery; they are used in the management of clients undergoing stressful procedures, such as transplants or coronary artery bypass surgery.

### Question: 8

A nurse is caring for a client with type 1 diabetes mellitus. Because the client is at risk for hypoglycemia, the nurse teaches the client which of the following?

- A. Glucose tablets and subcutaneous glucagon should be made available.
- B. If the client is exercising, the evening dose of NPH insulin can be discontinued.
- C. Urine should be monitored for presence of acetone.
- D. Assess for signs of coma and drowsiness.

**Answer: A**

**Explanation:** Glucose tablets and subcutaneous glucagon should be made available. Glucose tablets are taken if a hypoglycemic reaction occurs while glucagon is administered subcutaneously or intramuscularly if the client loses consciousness and is unable to take glucose by mouth. Glucagon resolves hypoglycemia by releasing glycogen stores and raises blood glucose levels. Members of the family can be taught to administer this medication and possibly prevent an emergency room visit. The nurse would not instruct a client to omit insulin. Acetone in the urine may indicate hyperglycemia. Although signs of hypoglycemia need to be taught to the client, drowsiness and coma are not the initial and key signs of this complication.

### Question: 9

Donna has Addison's disease and is receiving fludrocortisone acetate. The nurse knows that the therapeutic effect of this is to:

- A. Stimulate thyroid gland production
- B. Activate parathyroid production
- C. Maintain electrolyte imbalance
- D. Activate the immune response

**Answer: C**

**Explanation:** Fludrocortisone acetate is a medication used for long term treatment for Addison's disease and its therapeutic effect is to maintain electrolyte imbalance. The medication does not affect the immune response or thyroid or thyrotropin production.

### Question: 10

The nurse receives notification from the laboratory that the client, who is diabetic, has an HgbA1c of 6%. The best action by the nurse would be to:

- A. Counsel the client on the need for better glycemic control
- B. Document the results in the client record
- C. Encourage a diet with more red meat and green leafy vegetables
- D. Acknowledge the client's successful glycemic control

**Answer: D**

**Explanation:** The client needs reinforcement and positive feedback that the current diabetic management is achieving the desired goal of HgbA1c below 7%.

### Question: 11

Which of the following chronic complications is associated with diabetes mellitus?

- A. Dizziness, dyspnea on exertion, and angina
- B. Retinopathy, neuropathy, and coronary artery disease
- C. Leg ulcers, cerebral ischemic events, and pulmonary infarcts
- D. Fatigue, nausea, vomiting, muscle weakness, and cardiac arrhythmias

**Answer: B**

**Explanation:** Retinopathy, neuropathy, and coronary artery disease are all chronic complications of diabetes mellitus. Dizziness, dyspnea on exertion, and angina are symptoms of aortic valve stenosis. Hyperparathyroidism causes fatigue, nausea, vomiting, muscle weakness, and cardiac arrhythmias. Leg ulcers, cerebral ischemic events, and pulmonary infarcts are complications of sickle cell anemia.

### Question: 12

Ruby, a college student, was admitted due to persistent abdominal pain, nausea, vomiting, and difficulty in swallowing. The doctor orders for an upper GI series. Nursing preparation for this procedure includes:

- A. NPO for 24 hours before the procedure
- B. Administering an enema or cathartic to enhance visualization
- C. Discouraging the client from smoking the morning of the procedure because smoking can stimulate gastric motility
- D. Instructing the client that the test involves insertion of a rubber gastroscopy tube

**Answer: C**

**Explanation:** Clients are on NPO and encouraged not to smoke or take medications the morning of an upper GI series. Clients are NPO for 6-8 hours, not 24 hours (Choice A). Enemas or cathartics (Choice B) are not given prior to upper GI series, rather after the series, to aid in the elimination of the barium. The test involves an X-ray, using a barium swallow as contrast medium. Gastroscopy (Choice D) is the direct visualization of the stomach.

### Question: 13

Mr. HP recently undergone a colostomy. During his first day post-operative, the nurse does not find any measurable fecal drainage from the colostomy. What should the nurse do?

- A. Continue the current plan of care
- B. Call the doctor immediately
- C. Irrigate the stoma
- D. Encourage the patient to increase fluid intake

**Answer: A**

**Explanation:** Continue the current plan of care because the colostomy is expected not to function for 2 days or more (48 to 72 hours) after surgery. The drainage that is expected at this time is only mucous and serosanguineous, thus the doctor need not be notified and the stoma should not be irrigated at this time.

### Question: 14

The nurse demonstrates to Mr. HP the correct way of cutting the appliance by making the opening how much larger than that of the client's stoma?

- A. . inch
- B. 1/8 inch
- C. . inch
- D. 1/16 inch

**Answer: B**

**Explanation:** 1/8 inch. The size of the opening for the appliance is generally 1/8 inch larger than the size of the client's stoma. This minimizes the amount of exposed skin, but does not cause pressure on the stoma.

### Question: 15

Edna, 28 years old, has been complaining of excruciating epigastric pain and belching for the last few months since she started working as a stock broker. The physician orders for an esophagogastroduodenoscopy (EGD) immediately. After the procedure, which of the following assessments should the nurse perform?

- A. Auscultate for bowel sounds
- B. Check for gag reflex
- C. Monitor salivary pH
- D. Measure abdominal girth

**Answer: B**

**Explanation:** The nurse should check for the return of gag reflex since the posterior pharynx is anesthetized for easy passage of the endoscope into the esophagus. The presence of a gag reflex indicates that normal function is returning and the client is able to swallow.

### Question: 16

After EGD, Edna was diagnosed to have gastroesophageal reflux disease (GERD). The nurse teaches Edna about ways to minimize symptoms. Which of the following statements made by Edna indicates that more teaching is needed?

- A. I will be sure to drink tea instead of coffee.
- B. I will take a walk after I eat.
- C. I will try to eat smaller meals more frequently.
- D. I will sleep with the head of the bed elevated about 12 inches.

**Answer: A**

**Explanation:** The client with GERD is encouraged to eat smaller, low-fat frequent meals and to avoid lying down after eating. Clients are instructed not to eat for at least 2 hours before bedtime and avoid foods that decrease lower esophageal pressure, such as anything containing caffeine (coffee, tea, cola, and chocolate).

### Question: 17

Mrs. Miller, with a history of cholecystitis, is now being admitted to the hospital for possible surgical intervention. The orders include NPO, IV therapy, and bed rest. In addition to assessing for nausea, vomiting, and anorexia, the nurse should observe for pain \_\_\_\_\_.

- A. In the right lower quadrant
- B. After ingesting food
- C. Radiating to the left shoulder
- D. In the right upper quadrant

**Answer: D**

**Explanation:** Pain occurs 2 to 4 hours after eating fatty foods and is located either in the epigastric region or in the upper right quadrant of the abdomen.

### Question: 18

Mrs. Jackman underwent a laparoscopic cholecystectomy this morning. She is now complaining of right shoulder pain. The nurse would explain to the client this symptom is \_\_\_\_\_.

- A. Common following this operation
- B. Expected after general anesthesia
- C. Unusual and will be reported to the surgeon
- D. Indicative of a need to use the incentive spirometer

**Answer: A**

**Explanation:** The client's complaint is a common response to this operation. Carbon dioxide is insufflated into the abdomen during a laparoscopic cholecystectomy. It may irritate the diaphragm and cause referred shoulder pain. Telling the client about this will be reassuring.

### Question: 19

Tom, 45 years old and a known alcoholic, came into the Emergency Department complaining of constant epigastric abdominal pain that radiates to the back and flank areas. He further states that the pain is more intense when he lies down. After a thorough examination, the doctor wrote in the client's chart his admitting diagnosis as acute pancreatitis. The nurse is aware that she should report immediately if Tom develops \_\_\_\_\_.

- A. Nausea and vomiting
- B. Abdominal pain
- C. Decreased bowel sounds
- D. Shortness of breath

**Answer: D**

**Explanation:** Adult respiratory distress syndrome is a grave complication of pancreatitis. All the other choices are manifestations of pancreatitis that the client may already be experiencing.

### Question: 20



Mr. Mitchell, a 61-year-old retired banker, is diagnosed with cancer and has been immunocompromised and malnourished due to decreased intake because of nausea, anorexia, and a feeling of fullness. A Salem sump tube had been draining the stomach and has been discontinued. The initial nursing action to manage malnutrition would be:

- A. Teach the client about total parenteral nutrition (TPN)
- B. Assist with insertion of a PEG tube
- C. Give an antiemetic before serving small, frequent meals
- D. Give an aluminum hydroxide antacid with meals

**Answer: C**

**Explanation:** The goal is to promote adequate nutrition through oral intake. Symptom management would be the initial nursing action. Choice A is incorrect because the goal is to resume oral intake. Parenteral nutrition would not be the initial action following removal of the Salem sump. Choice B is incorrect because the goal is to support oral intake. Insertion of a percutaneous endoscopic gastrostomy (PEG) would not be the next step after removal of the Salem sump. Choice D is incorrect because an antacid would not diminish the nausea, anorexia, or the fullness that the client is experiencing.

### Question: 21

Julie Johnson is receiving total parenteral nutrition (TPN). The nurse reviews the following lab values:

Glucose = 72 mg/dL

Chloride = 98 mg/dL

Sodium = 138 mEq/L

Potassium = 3.0 mEq/L

Based on the nurse's review of the lab values, which nursing action is appropriate?

- A. Discontinue the TPN administration
- B. Notify the physician and discuss the need for potassium replacement
- C. Administer 50% dextrose immediately
- D. Assess the patient's vital signs and perform a physical assessment

**Answer: B**

**Explanation:** A normal potassium level is in the range of 3.5-5.0 mEq/L. A client with a potassium of 3.0 mEq/L is hypokalemic. Hypokalemia can result in excitability of cardiovascular, neuromuscular, and gastrointestinal function. The physician should be notified and the need for potassium replacement discussed.

### Question: 22

Which menu selection would be most appropriate for a client with cholelithiasis?

- A. Two eggs, two slices of toast with margarine, and a glass of whole milk
- B. Grilled cheese sandwich, steamed vegetables with butter, and a cup of coffee
- C. Roasted chicken breast, baked potato with margarine and chives, and skim milk
- D. Baked fish, steamed broccoli with salt and pepper, and a glass of iced tea

**Answer: C**

**Explanation:** Clients with cholelithiasis should avoid consumption of foods high in cholesterol, such as whole milk, butter, fried foods, and gas-forming vegetables.

### Question: 23

Joe, a known alcoholic for several years, is now in a hepatic coma. He is jaundiced, edematous, and with bleeding esophageal varices. The nurse reviewed his blood ammonia levels to be increased as well. Which of the following actions should the nurse perform in order to reduce ammonia intoxication?

- A. Active and passive range-of-motion exercises to prevent venous stasis
- B. Tap-water enemas to remove blood that may still be in the gut from the bleeding esophageal varices
- C. Administration of insulin and glucagon to reduce serum-potassium levels
- D. Holding all antibiotic medications so that the action of the intestinal bacteria on protein is enhanced

**Answer: B**

**Explanation:** Ammonia is formed in the intestines by the action of intestinal bacteria on proteins. Tap-water enemas may be given to remove protein-rich blood that has collected from bleeding varices. Because ammonia is formed during muscle contraction, active range-of-motion exercises are contraindicated (Choice A). To prevent skin breakdown in a client who is jaundiced and edematous, passive exercises, turning, and frequent skin care are indicated. In an effort to reduce serum-ammonia levels, potassium levels need to be increased, not reduced (Choice C), because potassium is necessary for cerebral metabolism of ammonia. Antibiotics that are poorly absorbed by the intestines, such as neomycin, are given, rather than withheld (Choice D), to decrease the intestinal flora that manufacture ammonia.

### Question: 24

Which statement by the nurse accurately describes the Miller-Abbott tube?

- A. A double-lumen tube, with one lumen leading to the inflatable balloon and the other lumen used for aspiration
- B. A plastic or rubber tube with holes near its tip facilitating withdrawal of fluids from the stomach
- C. A single-lumen, saline-, air-, or water-weighted tube approximately 6 feet long
- D. A 10-foot-long rubber tube with a saline, air, or water bag at its end

**Answer: A**

**Explanation:** The Miller-Abbot tube is a double-lumen tube, with one lumen leading to the inflatable balloon and the other lumen used for aspiration of intestinal contents. Choice B is an example of a Levin tube, used for gastric suction. Choice C is an example of Harris tube, and Choice D, a Cantor tube, both used for intestinal decompression, like the Miller-Abbott tube.

### Question: 25

Ms. Margaret Shawn, a 45-year-old librarian, was ordered by her physician to undergo an oral cholecystography. Which nursing action is inappropriate in preparing Ms. Shawn for this procedure?

- A. Administering a fat-free diet the evening before the test
- B. Administering Telepaque (iopanoic acid) tablets in 5-minute intervals 1 hour after supper
- C. Administering at least 6 oz. of water with each Telepaque (iopanoic acid) tablet
- D. Allowing the client, after ingesting the tablets, to drink water until midnight, then NPO

**Answer: C**

**Explanation:** Drinking 6 oz with each pill is too much. Iopanoic acid (Telepaque) tablets are administered 1 hour after eating a fat-free meal (Choices A and B), one at a time, and in 5-minute intervals, with a minimal amount of water (usually 8 oz) to swallow all the tablets. Water is allowed until bedtime (Choice D), but food is withheld to allow as much dye as possible to concentrate in the gallbladder. The next morning an initial X-ray is taken, after which the client is given a fatty meal and several more pictures are taken to observe the functioning of the gallbladder.